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ABSTRACT

Effective psychotherapy supervision calls for a variety of supervisory roles and addresses a range of student needs. The particular student need should be the determining factor in selecting an appropriate supervisory role. The supervisor needs a range of role alternatives, a framework in which to fit student needs, a specified area of focus during supervision, and systematic guidelines for determining supervisory goals and approaches. The unique Professional Model of psychotherapy supervision specifies the manner in which supervision is provided. The Professional Model is a three-dimensional model integrating supervisory roles and student need areas. The three dimensions are: (1) the primary areas of student need in the establishment of clinical skills; (2) a reflection of the various roles supervisors assume; and (3) the focus of attention during supervision. In the Professional Model the supervisor and student agree on the primary dimension. In this format, supervisor and student exchange personal and professional information, student's strengths and weaknesses are assessed, and a psychotherapy skills checklist is completed by the student. After these procedures a contract, called the Individualized Training Plan, is developed for supervisor and student. It outlines student needs and objectives with training strategies. An Individualized Training Review detailing progress by the student is recommended at least once every 90 days. Thus the student's progress is charted through plans and reviews. (ABL)

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Psychotherapy Supervision: A Model for Professional Training

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ABSTRACT

Inherent in psychology training programs is the provision of beginning clinicians with an experienced supervisor to oversee the student's entry into and growth within the profession. Supervision can be viewed narrowly as a perfunctory duty designed to legitimize work accomplished by the student. Supervision, in it's best sense, is a valuable method of clinical training.

Numerous models of supervision have been offered in the literature, both conceptual models and practical models. Historically, most of these models have been unsystematic and have lacked comprehensiveness. The Professional Model is presented and provides a thorough and organized approach to the task of clinical supervision.

Conceptually, the Professional Model is a three-dimensional (cubic) model combining (a) areas of student need - theoretical knowledge, practical skills, and professional attitudes, (b) alternative supervisory roles - teacher, therapist, consultant, and administrator, and (c) areas of clinical focus in supervision - the client's intrapsychic and interpersonal activities, the dynamics of the student-client relationship, and the dynamics of the supervisor-supervisee relationship. Using this multi-dimensional approach, supervisors add to their idiosyncratic strengths and can consider a variety of roles and responses using the data at hand to select the most effective role for a supervisory contact.

Practically, the Professional Model provides a format for assessment of a student's abilities and interests through a Skills Checklist. The format for the development of an Individualized Training Plan (ITP) and an Individualized Training Review (ITR) is also presented. The development of individualized training plans and reviews is similar to the treatment planning and service review process.

The Professional Model addresses trainee needs regardless of theoretical orientation or level of clinical experience. The practical applications of the present model can be utilized independently of the theoretical constructs. Greater clarity and efficiency in clinical supervision result as the conceptual and practical aspects of the Professional Model are combined.

Introduction

For psychotherapy supervision to be effective, certain criteria must be met consistently. Supervision without direction, clarity, or relevence is rarely productive. Inadequate training is costly to students of psychotherapy and their present and future clients. Supervision thoughtfully planned and skillfully executed is likely to yield productive results, in the same way that skillfully executed psychotherapy yields positive outcomes.

Psychotherapy supervision has been explained through conceptual models (Ekstein & Wallerstein, 1958; Hess, 1980; Schmidt, 1979; Yogev, 1982). Many practical models have been presented (Bernard, 1979; Hogan, 1964; Levine & Tilker, 1974; Wasik & Fishbein, 1982). Extant models of supervision are frequently unsystematic and lack comprehensiveness. The Professional Model provides a thorough and organized approach to the task of psychotherapy supervision.

The Professional Model addresses trainee needs regardless of theoretical orientation or level of clinical experience. The theoretical constructs of the Professional Model can be utilized independently of the practical applications. Greater clarity and efficiency in psychotherapy supervision result as the conceptual and practical aspects of the Professional Model are combined.

Theoretical Framework

Four basic supervisory roles have been identified in the literature: (1) the teacher-student approach (Walz & Roeber, 1962), (2) the therapist-patient approach (Arbuckle, 1958), (3) the consultant approach (Hackney, 1971), and (4) the administrator approach (Ekstein, 1964; Watson, 1973).

The supervisor as teacher focuses on the didactic aspects of training as in the transmission of information to the student. The supervisor as therapist focuses on the student's personal needs in an attempt to overcome the anxieties and conflicts that inhibit professional development. The supervisor as consultant is available to discuss the methods and dynamics of various clinical activities and clarify or introduce new concepts. The supervisor as administrator plays an important role in the evaluation of student performance, the assignment of cases, the distribution of work, and the policy and polity of clinical training.

Bernard (1979) developed a structured model of supervision by matching trainee needs with various supervisory roles. The areas of student need identified were conceptualization, process, and personalization. These areas correspond to the popular knowledge, skills, and attitudes paradigm.

Training in conceptualization includes the development of a theoretical perspective and conceptual framework by which the student sees the world. Training in the process aspect of psychotherapy is

aimed at the mechanics of the therapeutic process. The area of personalization refers not only to the student's development of a professional identity, but to the personality characteristics and personal behaviors of the student in and out of the therapy hour.

Effective supervision will focus on one of three content areas: (1) the client's intrapsychic and interpersonal activities, (2) the student's therapeutic relationship with the client, or (3) the student's learning relationship with the supervisor.

By focusing on the client's intrapsychic and interpersonal activities, training is directed toward problem identification, assessment and diagnosis, the measurement of treatment effects, and the identification of life themes, self-esteem and motivation. Viewing the therapist-patient relationship offers the therapist-in-training exposure to psychotherapy process variables of communication, contact and withdrawl, transference and countertransference, and the stimulus value and therapeutic influence of the student. Attention paid to the relationship between the supervisor and supervisee highlights professional role modeling when it occurs. The student gains insights from being the receiver of attention and the self-inspection encouraged in supervision offers the student awarenesses of the client role.

The Professional Model is a three-dimensional model. It is the only known model to integrate the above mentioned supervisory roles and

areas of student need, with content areas of focus during supervision. The first dimension (A) includes the primary areas of student need in the establishment of effective clinical skills. The second dimension (B) reflects the various roles supervisors may assume. The final dimension (C) is the focus of attention during supervision. Figure 1 details the Professional Model of psychotherapy supervision schematically.

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Insert Figure 1 about here

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The Professional Model calls for the supervisor and student to agree as to which axis (A, B, or C) will be primary. Is the supervisor's role and style going to vary dependent upon student need and area of focus? Frequently, regardless of student need, the supervisor's role and style has been one with which the supervisor feels most comfortable. Using this multi-dimensional model, supervisors add to their idiosyncratic strengths and become comfortable with a variety of different roles and use the data at hand to select the most effective role for a supervisory contact.

It is recommended that the primary axis be the student's need (A). Both the supervisor's role (B) and the area of focus (C) vary in order to fully address the student's needs in the most effective way. A supervisor working with a trainee who is deficient in a specified area cannot assume that one role is always the best. If a supervisor sees

a specific area of student need as requiring a specific supervisory role at all times, then the supervisor is going to be ineffective at least part of the time. The Professional Model is a need-specific model and there are several choice points for the supervisor to consider.

Table 1 outlines the alternative choices regarding roles that supervisors may consider with respect to student needs. Each cell contains a typical student training need and a possible supervisory response.

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Insert Table 1 about here

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Table 2 outlines typical content areas for supervision and training based upon mutual consideration of the area of student need and the area of focus in supervision. This grid is particularly useful in the identification of specific problem areas in the student's training.

— — — — — — — — — —

Insert Table 2 about here

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Table 3 delineates many supervisory alternatives based on the specific area of focus in supervision.

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Insert Table 3 about here

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Practical Applications

The format for the Professional Model is a simple and straightforward one. After the initial introductory meeting where important personal and professional information is mutually shared and the model of supervision is explained to the student, an assessment of the student's strengths and weaknesses is made.

A psychotherapy skills checklist of clinical experiences is completed by the student (see Figure 2). The information obtained assists the supervisor and the student in identifying strengths, deficits, and interests. An individualized training plan is then developed.

— — — — — — — — — —

Insert Figure 2 about here

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The Professional Model includes a mutually agreed upon training contract for both the student and the supervisor. The Individualized Training Plan (ITP) systematically outlines specific student needs and learning objectives with proposed training strategies for meeting these needs (see Figure 3). The student is actively involved in the goal-setting process. The ITP also specifies the methods of evaluating student performance.

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Insert Figure 3 about here

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Minor adjustments are made in the ITP as training and supervision are provided. An Individualized Training Review (ITR) is included to afford both parties the opportunity to evaluate or re-negotiate the ITP (see Figure 4). It is recommended that the ITR be utilized no less than once every 90 days. The ITR details progress made toward the training goals. Both the student and supervisor rate the level of goal attainment.

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Insert Figure 4 about here

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Depending upon the level of goal attainment, the ITP is continued for another 90 days, re-negotiated totally or in part, or terminated. Training recommendations are made by either party concerning the quality of professional development by the student, areas for future training, and the supervisory process itself. The student may choose to rate the quality of supervision received, in the recommendations section.

Copies of ITP's and ITR's are retained by the supervisor and supervisee for reference. Within a total training program, a student's professional growth and development may be "charted" over a progressive series of plans and reviews. Final plans and reviews are of value to students in planning post-graduate training and continuing education.

Discussion

Effective supervision calls for a variety of supervisory roles and addresses a range of student needs. The particular student need should

be the determining factor in selecting the appropriate supervisory role. In view of these premises, it follows that the supervisor needs (a) a range of role alternatives, (b) a framework in which to fit student needs, (c) a specified area of focus during supervision, and (d) systematic guidelines for determining supervisory goals and approaches.

The unique Professional Model of psychotherapy supervision specifies the manner in which supervision is provided. In those places where supervision is thoughtfully planned and skillfully executed, the Professional Model enhances the quality of supervision by offering an endless number of combinations and options for the supervisor and supervisee to consider. In other places where supervision is not as carefully handled, the Professional Model structures the supervisory process to ensure that all parties- -supervisor, supervisee, and client- -benefit.

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Table 1

A. Areas of Student Need

B. Supervisory Roles	Knowledge	Skills	Attitudes
Teacher	The student is missing important information and is not picking up on critical issues presented by the client.	The student wants to use a specific procedure or style with a client but has never learned the method.	The student is unaware of his/her tendency to interpret things for the client and the effect this has on the client.
	The supervisor uses audio and video tapes to show the student where and how important information was given by the client.	The supervisor teaches the student the technique or method of therapy.	The supervisor assigns readings dealing with the role and effect of interpretation in psychotherapy.
Therapist	The student feels lost and is not sure where therapy is going.	The student has difficulty in making an effective intervention with a particular client.	The student is unaware that the client is sexually attracted to him/her.
	The supervisor helps the student relate his/her feelings of confusion and attempts are made to clarify the goals for therapy.	The supervisor attempts to help the student determine the effect of this particular client on him/her which reduces the intervention's effect.	The supervisor attempts to help the student confront his/her own sexuality and resistance to seeing sexual cues from clients.
Consultant	The student feels his/her present theoretical orientation inadequately describes the client.	The student discovers that a client responds especially well to a certain type of intervention and wants to expand on this intervention further with the client.	The student would like to feel more comfortable with disabled clients.
	The supervisor discusses several conceptualization models for the student to consider.	The supervisor works with the student to find different ways of making the same intervention and discusses ways to practice these.	The supervisor and student discuss social values and sterotypes regarding handicapped people.
Administrator	The student wants to pursue a behavioral orientation.	The student has difficulty in functioning in a professional manner.	The student is presenting signs of boredom or burnout.
	The supervisor assigns initial cases where the presenting problem is chiefly behavioral.	The supervisor confronts the student and recommends remediation of skill development courses or dismissal from the training program.	The supervisor increases or decreases the number of cases that are seen by the student. Re-negotiation of the ITP.

Note. Adapted from Bernard (1979, p. 65).

Table 2

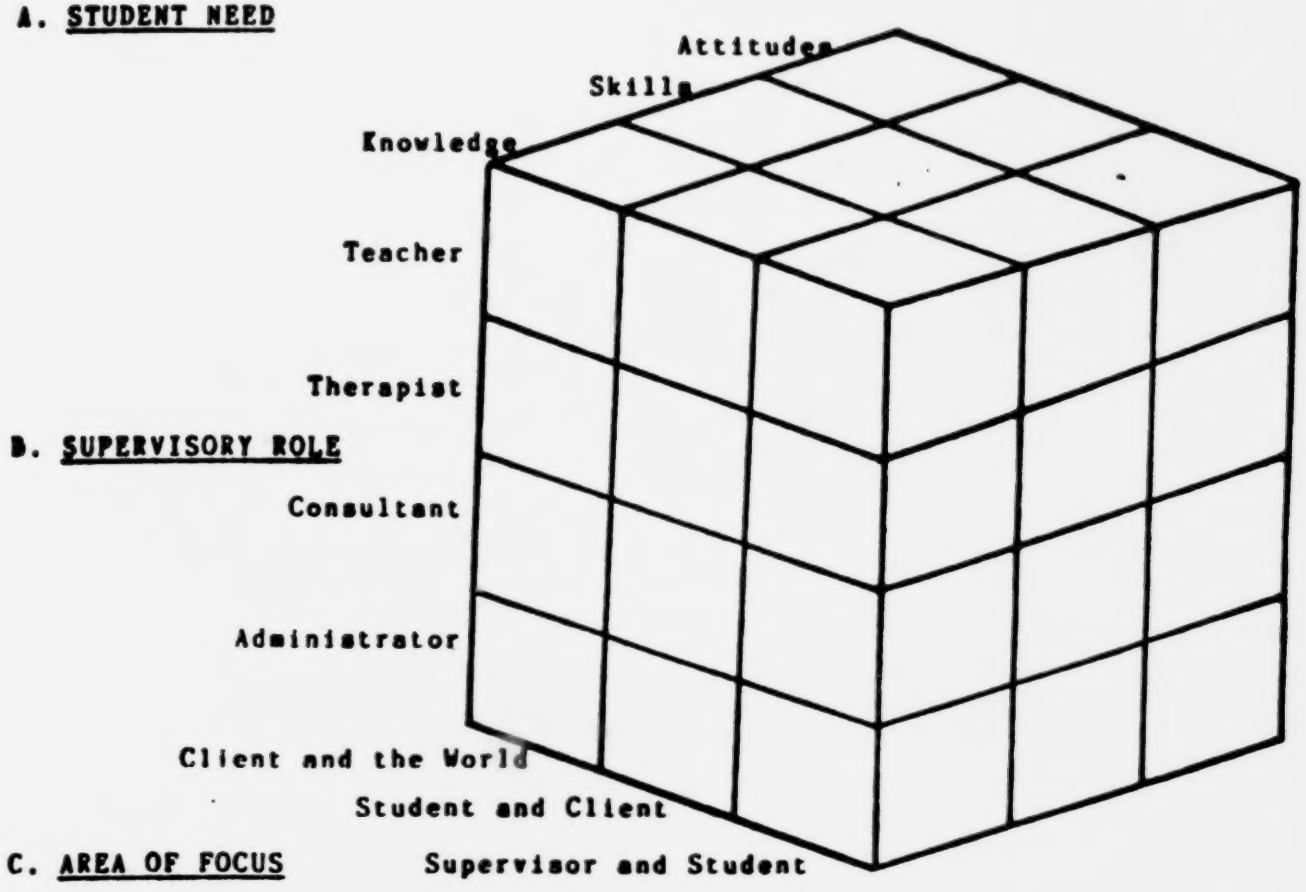
A. Areas of Student Need

C. Area of Focus	Knowledge	Skills	Attitudes
Client in the world	The student has questions regarding: What motivates people? Why do people do what they do? Is behavior environmentally determined or generated internally? Is there an unconscious? What are common social variables that affecting the client?	The student learns to deal with the client's significant others as helping in the client's adjustment.	Focus upon the student's values and opinions about the client's lifestyle. Barriers to understanding the client are explored.
Student and Client	Development of a theoretical orientation. The student develops a rationale for doing the interventions that he/she does. The student needs a sense of what is correct and appropriate in terms of doing therapy. The student gains knowledge of ethics.	The student learns to skillfully confront, effectively support, and lead to a successful termination.	The student's anxiety level changes. The student becomes aware of prejudices and countertransferences.
Educator and Student	By focusing on him/herself, the student gains awareness of the client role. The student sees the image of a competent and professional psychotherapist.	The student learns to be introspective and is able to act sensitively to the immediate process of the moment.	Identification of and dealing with dependencies, avoidance behavior and game-playing.

Table 3

C. Focus of Supervision

B. Supervisory Roles	Client in the world	Student and Client	Supervisor and Supervisee
Teacher	- training in DSM III. - training in the conduct of a diagnostic interview and mental status exam.	- instructing the student about clinical methods and procedures.	- description and instruction of the purpose and function of supervision. - explanation of the Professional model of supervision.
Therapist	- the student role-plays the client while the supervisor conducts the interaction.	- focusing on and working through of transference and countertransference issues.	- exploring the student's issues with authority, nurturance, interpersonal style, and professional identity.
Consultant	- discussion of goal setting, treatment planning, and evaluation of treatment.	- discussion of alternative methods of treatment. - discussion of therapy context variables of fees, frequency of session, and appropriateness of referral or termination.	- discussion of the literature on training and supervision with regard to the student's training and supervision.
Administrator	- suggestion and/or authorization of resources available for the c client.	- assignment of cases. - evaluation of skill development.	- negotiation of the ITP. - discussion of the ITR.



Schematic Diagram of The Professional Model of Psychotherapy Supervision

Figure 1

Trainee:_____ Date:_____

Placement:_____ Supervisor:_____

(1) Briefly describe your personal theory of behavior and behavior change.

(2) Approx. # of clients seen: Approx.# of sessions: %of clients served:

_____Children	_____Individual	_____White
_____Adolescents	_____Marital	_____Minority
_____Adults	_____Family	_____In-patient
_____Older Adults	_____Group	_____Out-patient

(3) Briefly describe your past supervision: who, how often, what kind, etc.

(4) Checklist of Psychotherapy Activities:

Next to each therapy method is a rating column with three, three point scales. The scales below are (P) proficiency, (E) experience, and (N) need.

PROFICIENCY - In your judgment what is your level of expertise in being able to perform the activity designated. Do not be modest, be as realistic as you can.

EXPERIENCE - Independent of your estimate of proficiency, your personal estimate of the amount of 'hands-on' experience you have in the method indicated.

[redacted] - An estimate, from your personal and career ideal, of your interest or [redacted] for learning in the method designated.

The scale points are: (1) High (2) Moderate (3) Minimal

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Please select those relevant to your (P) Proficiency, (E) Experience, and (N) Learning Needs.

INDIVIDUAL APPROACHES	P	E	N
Assertion Training	1 2 3	1 2 3	1 2 3
Behavior Modification	1 2 3	1 2 3	1 2 3
Behavior Therapy	1 2 3	1 2 3	1 2 3
Biofeedback	1 2 3	1 2 3	1 2 3
Client-Centered	1 2 3	1 2 3	1 2 3
Cognitive Therapy	1 2 3	1 2 3	1 2 3
Crisis Intervention	1 2 3	1 2 3	1 2 3
Existential Therapy	1 2 3	1 2 3	1 2 3
Gestalt Therapy	1 2 3	1 2 3	1 2 3
Hypnotherapy	1 2 3	1 2 3	1 2 3
Paradoxical Therapy	1 2 3	1 2 3	1 2 3
Psychoanalytic Therapy	1 2 3	1 2 3	1 2 3
Psychoanalysis	1 2 3	1 2 3	1 2 3
Rational-Emotive Therapy	1 2 3	1 2 3	1 2 3
Reality Therapy	1 2 3	1 2 3	1 2 3
Relaxation Training	1 2 3	1 2 3	1 2 3
Supportive Therapy	1 2 3	1 2 3	1 2 3
Transactional Analysis	1 2 3	1 2 3	1 2 3
Other:	1 2 3	1 2 3	1 2 3

FAMILY/COUPLE APPROACHES	P	E	N
Behavioral Therapy	1 2 3	1 2 3	1 2 3
Cognitive Therapy	1 2 3	1 2 3	1 2 3
Conjoint Therapy	1 2 3	1 2 3	1 2 3
Marital Therapy	1 2 3	1 2 3	1 2 3
Psychoanalytic Therapy	1 2 3	1 2 3	1 2 3
Sex Therapy	1 2 3	1 2 3	1 2 3
Strategic Therapy	1 2 3	1 2 3	1 2 3
Structural Therapy	1 2 3	1 2 3	1 2 3
Systems Theory	1 2 3	1 2 3	1 2 3
Other:	1 2 3	1 2 3	1 2 3

GROUP APPROACHES	P	E	N
Activity Therapy	1 2 3	1 2 3	1 2 3
Behavior Therapy	1 2 3	1 2 3	1 2 3
Cognitive Therapy	1 2 3	1 2 3	1 2 3
Encounter	1 2 3	1 2 3	1 2 3
Gestalt Therapy	1 2 3	1 2 3	1 2 3
Psychoanalytic Therapy	1 2 3	1 2 3	1 2 3
Psychodrama	1 2 3	1 2 3	1 2 3
Rational-Emotive therapy	1 2 3	1 2 3	1 2 3
Reality Therapy	1 2 3	1 2 3	1 2 3
Relaxation Training	1 2 3	1 2 3	1 2 3
Supportive Therapy	1 2 3	1 2 3	1 2 3
Transactional Analysis	1 2 3	1 2 3	1 2 3
Other:	1 2 3	1 2 3	1 2 3

CLINICAL SKILLS	P	E	N
Information Gathering	1 2 3	1 2 3	1 2 3
Initial Intake	1 2 3	1 2 3	1 2 3
Mental Status Exam	1 2 3	1 2 3	1 2 3
Crisis Assessment	1 2 3	1 2 3	1 2 3
Behavioral Analysis	1 2 3	1 2 3	1 2 3
Treatment Planning	1 2 3	1 2 3	1 2 3
Active Listening	1 2 3	1 2 3	1 2 3
Rapport Building	1 2 3	1 2 3	1 2 3
Opening/Closing Sessions	1 2 3	1 2 3	1 2 3
Psychological Assessment	1 2 3	1 2 3	1 2 3
Psychopharmacology	1 2 3	1 2 3	1 2 3
DSM III	1 2 3	1 2 3	1 2 3
Ethical Standards	1 2 3	1 2 3	1 2 3
Identification of Individual/Group Dynamics	1 2 3	1 2 3	1 2 3
Knowledge and Use of Community Resources	1 2 3	1 2 3	1 2 3
Other:	1 2 3	1 2 3	1 2 3

INDIVIDUAL TRAINING PLAN - Fig. 3

Trainee:_____ ITP #:_____

Program:_____ Date:_____

Placement:_____ Hours of Supv proposed:_____

Supervisor(s):_____ Review Date:_____

Summary of Trainee Needs:

Objectives (please number)	Training Strategy (procedures)

Method of Evaluation:

Trainee_____

Supervisor_____

INDIVIDUALIZED TRAINING REVIEW - Fig. 4

Trainee:_____ Review for ITP #:_____

Program:_____ # Hours in Training:_____

Placement:_____ # Hours in Supv:_____

Supervisor(s):_____ Date:_____

Progress Toward Objectives: (systematically related to ITP)

	none	minor	major	total
Trainee Estimate of Goal Attainment	☐	☐	☐	☐
Supervisor Estimate of Goal Attainment	☐	☐	☐	☐

Recommendations:

Disposition:

☐ Continue ITP, review date_____

☐ Re-negotiate new ITP

☐ ITP completed

Trainee_____

Supervisor(s)_____ License Number